COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL040027 US

As a below named inventor, I h	nereby declare that:		
My residence, post office addr	ess and citizenship are as state	ed next to my name.	
I believe I am the original, first plural names are listed below) entitled:	and sole inventor (if only one r of the subject matter which is	name is listed below) or an original, claimed and for which a patent is so	first and joint inventor (if ought on the invention
the specification of which (che	ck only one item below):		
is attached hereto.			
was filed as United States	application		
Serial No			
on			
and was amended			
on			
🗓 was filed as PCT internation	nal application		
Number PCT/IB2004/052748			
on 10 December 2004			
and was amended under PCT	Article 19		•
on			(if applicable).
I hereby state that I have revie claims, as amended by any ar	wed and understand the contented and understand the contented above.	ents of the above-identified specifica	ation, including the
I acknowledge the duty to disc Title 37, Code of Federal Reg	close information which is mate ulations, § 1.56.	erial to the examination of this applic	cation in accordance with
or inventor's certificate or of a States of America listed below	ny PCT international application v and have identified below any tion(s) designating at least one	States Code, § 119 of any foreign and n(s) designating at least one country foreign application(s) for patent or country other than the United State of the application(s) of which priority	inventor's certificate or es of America filed by me
PRIOR FOREIGN/PCT APPL	ICATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 11	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	04100017.5	07 January 2004	YES

/includ	es Reference to PC	n For Patent Application and I			Attorneys Docket Number PHNL040027 US
DOW	ER OF ATTORNE	Y: As a named inventor, I hereby ap and Trademark Office connected ther	point the following attorney(s) and/ ewith. (List name and registration i	or agent(s) to p number)	rosecute this application and transact
Micha	E. Haken, Reg. No ael E. Marion, Reg rd M. Blocker, Re	g. No. 32, 266			
	FULL NAME OF INVENTOR	FAMILY NAME EERENBERG	FIRST GIVEN NAME Onno		SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COL	JNTRY	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands
202	FULL NAME OF INVENTOR	FAMILY NAME VAN DER KOOIJ	FIRST GIVEN NAME Hilmar		SECOND GIVEN NAME
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Gerstweg 2	6534 AE Nijmegen		STATE & ZIP CODE/COUNTRY The Netherlands
true: a		e statements were made with the knoder section 1001 if Title 18 of the Uni			information and belief are believed to be o made are punishable by fine or ents may jeopardize the validity of the

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 202

DATE

O2 September 2005

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL040027 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

INVENTOR RESIDENCE & CITIZENSHIP	CITY Nijmegen POST OFFICE ADDRESS	Hilmar STATE OR FOREIGN COUNTRY The Netherlands CITY	COUNTRY OF CITIZENSHIP The Netherlands STATE & ZIP CODE/COUNTRY
INVENTOR	VAN DER KOOIJ		
FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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FULL NAME OF INVENTOR	FAMILY NAME EERENBERG	FIRST GIVEN NAME Onno	SECOND GIVEN NAME
	INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF	RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS ADDRESS Prof. Holstlaan 6 FULL NAME OF FAMILY NAME	RESIDENCE & CITY STATE OR FOREIGN COUNTRY CITIZENSHIP Eindhoven The Netherlands POST OFFICE ADDRESS Prof. Holstlaan 6 FULL NAME OF FAMILY NAME FIRST GIVEN NAME

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
DATE	DATE 06 September 2005

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(July 1994)